

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09802709	FILING DATE 03-13-01				
							APPLICANT(S)					
8-30-04							8-30-04					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	X							51	1			
2		1						52	1			
3	X	X						53	1			
4								54	1			
5								55	1			
6								56	1			
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48								98				
49								99				
50								100				
TOTAL IND.		1						TOTAL IND.		2		
TOTAL DEP.								TOTAL DEP.				
TOTAL CLAIMS		1						TOTAL CLAIMS		10		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV 3-78)

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